

MEDICAL BROADCASTING COMPANY

UR REF. NO.

YOUR INVOICE NO.

INVOICE DATE

INVOICE AMOUNT

AMOUNT PAID

DISCOUNT TAKEN

NET CHECK AMOUNT

59667

14104	121099	12/10/1999	\$900.00	\$900.00	\$0.00	\$900.00
TOTALS			\$900.00	\$900.00	\$0.00	\$900.00